

116TH CONGRESS  
2D SESSION

# S. RES. 777

Expressing the sense of the Senate on the need for common sense solutions to improve health care delivery and affordability for all people of the United States.

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IN THE SENATE OF THE UNITED STATES

NOVEMBER 18, 2020

Mr. PERDUE (for himself and Mrs. LOEFFLER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

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## RESOLUTION

Expressing the sense of the Senate on the need for common sense solutions to improve health care delivery and affordability for all people of the United States.

Whereas the public health emergency that the United States is currently facing has highlighted the need for common sense solutions to improve health care delivery and affordability;

Whereas Congress has acted quickly to protect health care for the people of the United States in the wake of the COVID–19 pandemic, including expanding access to telehealth, providing coverage for COVID–19 tests and vaccines, and supporting health care providers;

Whereas health insurance premiums increased by nearly 105 percent between 2013 and 2017, thereby making health care coverage both unaffordable and inaccessible for many people of the United States; and

Whereas nearly 134 rural hospitals have closed their doors since 2010 and the public health emergency has exacerbated the rural health crisis; Now, therefore, be it

1       *Resolved*, That it is the sense of the Senate that all  
2 people of the United States should have access to health  
3 care coverage with—

4                     (1) protections if they have pre-existing medical  
5 conditions, including—

6                     (A) guarantees that no citizen of the  
7 United States can be denied health insurance  
8 coverage as a result of a previous illness or  
9 health status;

10                    (B) guarantees that no citizen of the  
11 United States can be charged a higher premium  
12 or cost sharing as a result of a previous illness  
13 or health status; and

14                    (C) access to health care to ensure that the  
15 people of the United States with pre-existing  
16 medical conditions can afford to receive their  
17 care;

18                    (2) lower costs of prescription drugs and de-  
19 vices, which can be accomplished by—

(A) cutting red tape in the regulatory process to bring new drugs and devices to market more rapidly;

(B) lowering prices through enhanced competition by reforming outdated and archaic patent and trademark laws;

(C) ensuring transparency in the drug supply chain;

(D) incentivizing domestic manufacturing and ending drug shortages; and

(E) promoting policies that ensure the people of the United States are not solely responsible for financing the biopharmaceutical innovation that the world depends on;

(3) lower insurance premiums through increased choice and competition, including through—

(A) the availability of transparent information related to the price of health insurance premiums and health care procedures so patients can make informed decisions about their care;

(B) access to association health plans, which have led to average premium decreases of up to 29 percent for small business owners;

(C) State flexibility to do what is best for communities in that State, which in some cases

1       has lowered health insurance premiums up to  
2       43 percent;

3                 (D) the establishment of tax-free personal  
4        health management accounts to empower pa-  
5        tients to afford and personalize their own  
6        health care arrangements; and

7                 (E) expanded access to more doctors and  
8        specialists for veterans, those struggling with  
9        mental illness, and those who live in rural  
10      areas;

11                 (4) protections from surprise medical bills, in-  
12       cluding holding a patient harmless from surprise  
13       medical bills and making sure patients receive bills  
14       in a timely way; and

15                 (5) safeguards from costly defensive medicine in  
16       the health care system, that reflect medical mal-  
17       practice reform that addresses the additional costs  
18       in the medical system that do not improve quality of  
19       care.

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